## IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12<sup>TH</sup>, SUITE 1A DES MOINES, IA 50319

Fax: (515)281-4073 www.lowa.gov/ethics

Reset Form

lowa Code section 8.7 requires all gifts and bequests given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

## FORM-GB

Gift or Bequest Information received by a department or accepted by the Governor on behalf of the state

Indexed	For office us	 
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Checked	·	 _
Compute	r	 

IGOV		
Name of Department or Office	es Moines, IA 50319	
	Clty, State, Zip Code	
(515)725-3516 Area Code & Telephone No.		
ONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFIC	NE.	
ONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFIC	JE:	
Michael Boal		
Name		
Mailing Address (if different from above)	City, State, Zip (if different from above)	
michael.boal@iowa.gov Email Address	Area Code & Telephone Number (if different from above)	
Liftel Addition	Alea Gode & Telephone Humber (ii dilieterit iicht audve)	
ONOR OF GIFT OR BEQUEST:		
Joseph Cassis (Compenso Creations)		
Name		
6505 NW 97th St Johnston, IA 50131		
Mailing Address City, State, Zip Code	20 Dec 2018 \$20.99	
(515)707-2304	Date of Gift or Bequest Amount/Value*	
Area Code & Telephone Number		
joseph@compensocreations.com	*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".	
Email Address (optional)		
	VIOLENCE CONTROL CONTR	
Provide a description of the gift or bequest and purpose thereof:		
	oseph Cassis, a small plastic dragon figurine and small	
plastic knight figure, as well as a small keychain flasl	hlight.	
Criteria to use this form:		
Descript of any office because that to reached by one describer at the	date and the decision of the date of the state	
Receipt of any gift or bequest that is received by any department of the s	siale of received by the Governor on behalf of the state.	
atement of Affirmation:		
Michael Roal		
Michael Boal affirm that the gift or bequest reported above	e is accurate. I further affirm that the information concerning the done	

## S

assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

12/20/20 (8 Date